

**Head of the Department** 

## SARDAR VALLABHBHAI NATIONAL INSTITUTE OF TECHNOLOGY, SURAT PIN - 395 007, GUJARAT

[FORM-C1]

Dean (Faculty Welfare)

## ADMINISTRATIVE & FINANCIAL APPROVAL FOR CPDA CLAIM FOR THE REIMBURSEMENT OF CONTINGENT EXPENSES

No. CPDA Guidelines of the Institute  Quantity Unit Cost (Rs.) Item(s) (Rs.)  a  b  c  d  e  Total Estimated Amount including GST (Rs.)  Certificate  I certify that the details given above are correct. If the information supplied is found to be incorrect, I will refund the entire reimbursed amount to SVNIT Surat.  Date/_/20 Signature of Applican  (Recommended / Not Recommended)  (It is recommended that the faculty member may be permitted for claim of expenses for the Items)		(Maximum of 50% of the CPDA, i.e. RS	1,50,00	is ad	missible for a block	period)	
The be filled by the department  1. CPDA Claim for reimbursement of the following:  Contingent Expenses a. Consumables such as chemicals, laboratory glassware, charges for synthesis & analysis of sar pursuing research, minor consumables like thermocouples, ICs, transducers, strain gauges and subsequently to the pursuing research, minor consumables like thermocouples, ICs, transducers, strain gauges and subsequently the produce of stationery, books & related items like photocopy of teaching and research a calculators and e-books c. Computer related consumables such as external storage devices, cartridges, antivirus, digital-phones, battery and RAM.  2. Particulars of the Faculty Member: a Name of the Faculty Member & Designation  b Employee Code c Nature of appointment (Regular/Temporary/Contract)  3. Administrative and Financial approval for reimbursement of Contingent expenses un CPDA  Sr. Name of the Contingent item(s) as per No. CPDA Guidelines of the Institute  Total Estimated Amount including GST (Rs.)  Certificate  I certify that the details given above are correct. If the information supplied is found to be incorrect, I will refund the entire reimbursed amount to SVNIT Surat.  Date/_/20	Departi	ment Name:					
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Commants (If am.)	_					or the Items)	
Comments (if any):	(	Comments (If any):					

## (For Office Use Only)

Fro	m Pro	on received on :/_/20 of./Dr./Mrs./Ms./Mr. :ars of Fund Availability					
,				Rs 1,50,000	7		
	cl	Total ceiling limit for the block period	:	<del>  - · · · </del>	1		
	c2_	Total CPDA allocated for the current year	<del>                                     </del>	Rs	4		
	<b>c</b> 3	CPDA amount carried over from previous year	<u>:</u>	Rs	-		
	c4_	Total CPDA fund available for the current year	<u>                                     </u>	Rs	-		
	c5	Present Claim	:	Rs	-		
	c6	Claim admissible	<u> :</u>	Rs			
	c7	Balance available after reimbursement for the	:	Rs			
		current year, i.e. (c4 – c6)	ļ	<u> </u>			
	c8	Net CPDA ceiling available during the Block	:	Rs			
		Period, i.e. (c1-c6) The information furnished in Sec. 1-3 has been ver		<u> </u>			
Comn	nenis (	(If any):					
Dealing Assistant Asst. /Deputy Registrar (Accounts)  Registrar							
		(Approved / Not Appro	ved)				
Соті	nents	(If any):					
Dear	ı (SW	)			Directo		

To: the concerned faculty member Copy to: Asst./ Deputy Registrar (Establishment / Accounts)

Note: The petty contingent expenses upto Rs 5000 in a quarter period may be allowed without seeking prior administrative approval. However, duly-signed invoice and/or payment receipt is to be submitted by the concerned staff to the Accounts Section with the prescribed forms for reimbursement.